

حفظ

Storage Temperature Definitions

ما بنخزن فيه

- **Freezer** = -20° C to -10° C
- Protect from Freezing = Store above 0° C
- Cold = Any temperature above 0 not exceeding 8° C
- **Refrigerator** = Between 2° C and 8° C
- **Cool** = Between 8° C and 15° C
- Room Temperature = Temperature in the work area
- Controlled Room Temperature = Thermostatically controlled at 20° C to 25 °C
- **Warm** = Between 30° and 40° C
- **Excessive Heat** = Any temperature above 40° C

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Stability

استقرار (ثباتية)

- **Stability**
 - The extent to which a dosage form retains the same properties and characteristics that it possessed at the time of its manufacture.
- **Expiration date**
 - The date until which the manufacturer can guarantee of the safety and full potency of a drug- usually determined after extensive study of the product's stability.
- **Beyond-use dates**
 - Used for compounded preparations only and are generally in the order of "days" or "months."
- **Shelf life**
 - Length of time a packaged drug will last without deteriorating

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Formula: group of ingredients in certain quantity they are mixed in certain order to give certain form and strength

بنشوف صلاحية التركيبة يلي
تحضرت من الدوا بنحسب كم شهر
صلاحيته وبتقسم على 4
او بتكون 6 أشهر لما نقسم وتكون
الصلاحية أعلى من 6 شهور

Assigning a Beyond-Use Date

• **Nonaqueous liquids and solid formulations**

- If the source of the active drug is a manufactured drug product, the beyond-use date is not later than 25% of the time remaining until the drug product's expiration date, or 6 months, whichever is earlier.
- If the source of the active drug is a USP or NF substance, the beyond-use date is not later than 6 months.

• **Water containing formulations**

- When prepared from ingredients in solid form, the beyond-use date should be not later than 14 days when stored at cold temperature.

• **For all other formulations**

- The beyond-use date is not later than the intended duration of therapy or 30 days, whichever is earlier.

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مؤثرات عقلية بتسبب إدمان ونوم عميق: **Controlled drug**

Major areas within the chapter

The compounding process

13 steps needed to consider to minimize error:

1. Judge the suitability of the prescription to be compounded in terms of its safety and intended use. Determine what legal limitations are applicable?
2. Perform necessary calculations (see <1160> Pharmaceutical calculations in prescription compounding>)
3. Identify equipment needed
4. Wear the proper attire and wash hand
5. Clean the compounding area and needed equipment

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Major areas within the chapter

The compounding process

6. Compound only one prescription at one time in a specified compounding area
7. Assemble all necessary material to compound the prescription
8. Compound the preparation following the formulation record or prescription, according to the art and science of pharmacy
9. Assess weight variation, adequacy of mixing, clarity, odor, color, consistency, and pH as appropriate.
10. Annotate the compounding **log** and describe the appearance of the formulation

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Major areas within the chapter

The compounding process

11. Label the prescription containers to include the following items:
 - Name of the preparation
 - Internal identification number
 - Beyond used date
 - **Initials** of the compounder who prepared the label
 - Any storage requirements
 - Any other statements required by law

الحرف الاول من
المقطعين المتعارف عليهم
(طريقة سريعة للتوقيع)

مثل الادوية يلي بتسبب ادمان habit

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Major areas within the chapter

The compounding process

12. Sign and date the prescription, affirming that all procedures were carried out to ensure uniformity, identity, strength, quantity and purity

13. Clean all equipment thoroughly and فوراً promptly, and store properly

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Types of Equipment

- **Measuring**
 - Balance, weights, weighing containers, volumetric glassware (graduates, pipets, flasks, syringes).
- **Mixing**
 - Beakers, Erlenmeyer flasks, spatulas, funnels, sieves, mortar and pestle.
- **Molding** قالب التهاميل
 - Hot plates, suppository molds, capsule shells, ointment slabs.
- **Packaging**
 - Prescription bottles, capsule vials, suppository boxes, ointment jars.

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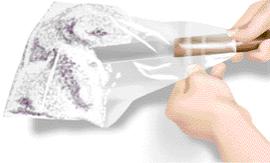
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Measuring



Mixing



Mixing



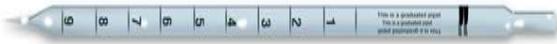
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Small Volumetric Equipment

Calibrated pipette



Syringe



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Single volume pipettes



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Labeling, Record Keeping, and Cleanup

- After compounding
 - The product **must be labeled** with a prescription label, and **a careful record** of the compounding operation should be kept.
- Once the compounding operation is finished
 - The **equipment and area should be cleaned.**
 - Everything should be returned to their proper places in storage.
- Compounding should never be rushed.

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ثاني

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For out patients

For in patients

Prescription vs. medication orders vs. medication administration records

Substitution:
الاستبدال

1- اسمه، رقم تلفونه، تاريخ الوصفة

2-DEA: Drug Enforcement Administration

Rx: صرف

Prescriber information: Jacquelyn Hyde, MD
123 Upendown Rd.
Nowhere, NC 27000
Phone: 555-1234 DEA# AH0079411

Name and address of patient: NAME: Dan D. Lyon DATE: 2/18/08
ADDRESS: 123 Jackla Lane PHONE: 555-5678

Drug Enforcement Agency (DEA) registration number of prescriber: (required for all controlled substances)
Date: The date the prescription was written.

Instructions: Name (brand or generic), strength of medication.
Note: If a compound is prescribed, a list of ingredients and directions for mixing is included.

Signature: This comes from the latin word signo, meaning "to write." It is abbreviated to sig and indicates what directions for use should be printed on the label.
SIG: 1/2 tsp. q4-6h prn
REFILLS: 1

Refill instructions: DAW: Dispense As Written and/or Generic; Substitution Allowed instructions (optional)
PRODUCT SELECTION PERMITTED. DISPENSE AS WRITTEN
Signature of prescriber: (not required on a verbal prescription)
Jacquelyn Hyde

Note: Prescriptions are written in ink, never in pencil.

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FIGURE 3.1: SAMPLE PRESCRIPTION

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الوصفة لازم تكون خطية او بتيجي بالفاكس

اكمل
الحجم الى

Diseases: acute (مرض فجائي وزمنه محدود)
 Chronic: مزمن

Prescription Sample

Qid: اربع مرات

UFTS UNIVERSITY SCHOOL OF DENTAL MEDICINE
 One Kneeland Street
 Boston, MA 02111
 655-889-8899

Name: Janie Doe
 Age: 28
 Address: 10 Kneeland Street
 Boston, MA 02111
 Date: 12/03/06

Drug: Amoxicillin 500 mg / capsule
Directions: 500 mg qid x 5 days
Quantity: 20
Refills: 0 (zero)

DEA #: XX55372

Signature:
 Print Name:

INTERCHANGE is mandated unless the practitioner
 Writes the words "NO SUBSTITUTION" in this space

مسموح اعطاء بديل الا اذا الطبيب منع التبديل

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(c) 2006, Kanchan Ganda, M.D. 2/23/2022

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Order

| DOCTOR'S ORDERS | | PATIENT IDENTIFICATION | |
|-----------------|------|--|--------------------|
| DATE | TIME | DOCTOR'S ORDERS | DATE/TIME INITIALS |
| 1/9/08 | 6:00 | Admit patient to 4th floor Pneumonia, Dehydration All: Sufa-Hives | |
| | | Order CBC, chem-7, blood cultures stat Start LR @ 12.5 ml/hr IV q8h | |
| | | Dr Johnson x2222 | |
| 2/01/08 | 6:00 | Tylenol 650mg po q4-hrs PEN for Temp > 98 Percocet 5/32.5 PO q 4 hrs prn break-through pain Verbal order Dr Johnson/ P. Smith, RN | |
| 2/01/08 | 6:00 | Start ciprofloxacin 500 mg po bid Multi-vitamin po qd Pronexon 12.5 mg IV q 6 hrs prn nausea Order CXR for this a.m. | |
| | | Dr Johnson x2222 | |

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FIGURE 3.2: SAMPLE MEDICATION ORDER

| COMMUNITY HOSPITAL Medication Administration Record | | | |
|--|---|------------------------------|-----------------------------------|
| Room/Bed: 675-01 | From 0730 on 02/01/08 to 0700 on 02/02/08 | Patient: SMITH, JOHN | Diagnosis: PNEUMONIA; DEHYDRATION |
| Account #: 099999999 | Sex: M | Height: 5'11" | Weight: 75KG |
| Age: 31Y | Doctor: JOHNSON, P. | Verified by: Susie Smith, RN | |
| Allergies: PENICILLIN -> RASH | | | |
| | 0730-1530 | 1600-2300 | 2330-0700 |
| LACTATED RINGERS 1 LITER BAG DOSE: 12.5 ML/HR IV Q 8HRS ORDER #2 | 800 JD | 1600 SS | 2440 |
| MULTIVITAMIN TABLET DOSE: 1 TABLET PO QD ORDER #4 | 1000 JD | 1600 SS | |
| CIPROFLOXACIN 500 MG TABLET DOSE: 500MG PO BID ORDER #5 | 1000 JD | 2300 SS | |
| ACETAMINOPHEN 325 MG TABLET DOSE: 650 MG PO Q 4-6 HRS PRN FOR TEMPS > 38°C ORDER #7 | 12:00 JD | | |
| Init / Signature | Init / Signature | Init / Signature | Init / Signature |
| SS / Susie Smith, RN | JD / Jane Doe, RN | | |

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FIGURE 3.3: SAMPLE MEDICATION ADMINISTRATION RECORD (MAR)

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Prescription vs. medication orders vs. medication administration records

- Both convey necessary information to the pharmacists but are used in different patient care settings
- Prescriptions are used for outpatient care
- Medication orders:
 1. are used to order medications in hospitals
 2. Contain orders for procedures, laboratory tests, nursing instructions, and discharge instructions
- Medication Administration Record (MAR): it documents when and what medications were administered to a patient

Discharge:
إجراءات مغادرة المستشفى

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Review and interpretation

- **Once the pharmacist has received an order he must:**
 1. Review and interpret (translate) the prescription
 2. Accurately weigh and measure all components
 3. Use appropriate compounding techniques to convert individual components into a finished formulation
 4. Properly package and label the formulation
 5. Deliver the formulation to the correct patient with adequate instructions for administration and storage

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Review and interpretation

- Reviewing, interpreting, and labeling the prescription involves a “language” that must be learned and utilized
 - Abbreviations:
 - Latin abbreviations
 - Drug name abbreviations
 - Medical abbreviations
- Please refer to tables 3.1-3.2 and 3.3 for examples

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Common misinterpreted abbreviations

- Care must be taken when interpreting any abbreviation
- Some abbreviations are prone to mis-interpretation so their use is not encouraged
- **Note:** The institute of Safe Medication Practices (www.ismp.org) maintains an online resource that provide lists and tools to help prevent medication errors

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ISMP Institute for Safe Medication Practices
A Nonprofit Organization Educating the Healthcare Community and Consumers About Safe Medication Practices

Home Support ISMP Newsletters Webinars Report Errors Educational Store Consulting FAQ Tools About Us Contact

Google™ Custom Search

This website is for use by healthcare professionals. Consumers can access our consumer website [here](#).

Education & Awareness

- Newsletters
- Consulting Services
- Educational Programs
- Let ISMP be your PSO
- Professional Development
- Self Assessments
- ISMP Guidelines
- QuarterWatch

Medication Safety Tools & Resources

Featured Tools

- New standards for healthcare connectors – the “Stay Connected” program
- The Root Cause Analysis Workbook for Community/ Ambulatory Pharmacy
- Special Error Alerts
- 2014–15 Targeted Medication Safety Best Practices for Hospitals
- ISMP Guidelines
- High-Alert Medications

2014-15 Targeted Medication Safety Best Practices for Hospitals
REVIEW DOCUMENTS

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Monitoring FDA MedWatch Reports

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ISMP ANNUAL FUND
Looking forward to next 20 years of advancing medication safety
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2015 Medication Safety Intensive

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Labeling

- **Extemporaneous preparations:** preparations done by the pharmacist in his own small lab.
- Pharmaceutical formulations must be suitably contained, protected and labeled.
- There are two types of labels: **Main and Auxiliary**
- Label on the dispensed medicine has two main functions:
 - to uniquely identify the contents of the **container**,
 - to ensure that patients have clear and concise information which enable them to take or to use their medication in the most effective and appropriate way.



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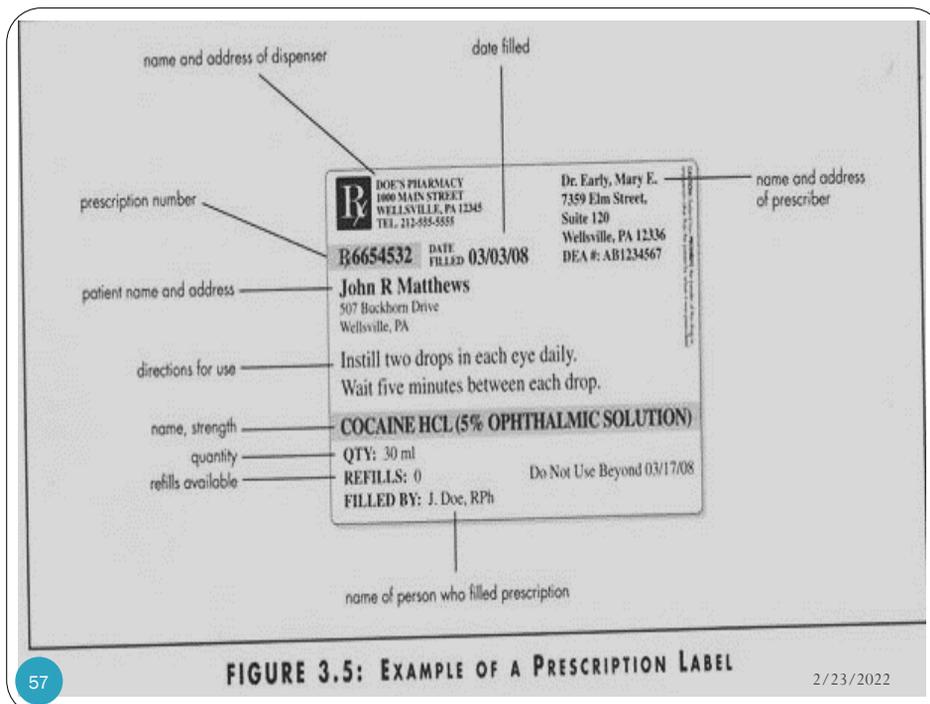
Main Label

- Name and address of the pharmacy
- The patient name 1-
- **The prescription reference number:** number written on the prescription and on the container, this allows the record to be traced easily if the patient brings the container and not the prescription when a further supply is needed. ★
- **The date of issue:** the date of preparation written as day/ month/ year
- **The name of preparation:** written quantity of preparation (50 ml, 40 tablet, 30 gm) the name of preparation, the name of dosage form, the strength number written as whole numbers where decimal should be avoided but if the decimals are un-avoided write (zero decimal then the number, (0.5)), then the unit of concentration and the source of the formula if it's an official one .e.g 50 ml of sodium salicylate mixture 10 % W/V B.P.C.
- **Instructions:** give the patient clear and complete instructions on how to take the drug, quantity to be taken, frequency, route of administration and the method of use: Take 5ml three times daily orally after food.
- **Storage conditions:** "Store in cool place", "store in dry place", "store in dark place"
- **BUD:** this time is for extemporaneous prepared formula is arbitrary which according to references, this time is different from expiry date which is long compared with short shelf life, written as day/month/year.

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Some guidelines about wording patient instructions:

- Indicate the dosage form to be administered:
“Take one capsule every day” instead of “Take one every day”.
- Use words instead of numbers:
“Take one capsule every day” instead of “Take 1 capsule every day”
- Specify the route of administration if the medication is not intended for oral use:
“Insert one suppository vaginally every night at bed time”
- Specify which side is to receive the medication if more than one organ is present:
“Instill two drops in left eye daily” instead of “instill two drops daily”
- Do not use abbreviations:
“Take two capsules twice a day” and not “Take two caps twice a day”

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Some guidelines about wording patient instructions:

Strength:

- In general, specify the amount of active ingredient per dosage unit:

Amoxicillin 250mg/5ml

Phenergan 25mg/ suppository

- When dispensing medications in bulk, such as solutions, suspensions, emulsions, ointments, or creams, express the amount of active ingredients as a percentage strength:

Hydrocortisone cream 1%

Betadine solution 2%

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Rule When Writing Directions For Use

- **START WITH A VERB**
 - Take, instill, inhale, insert, or apply
- Indicate **ROUTE of ADMINISTRATION**
 - Apply to *affected area*.
 - Take one tablet *by mouth*.
 - Insert *rectally*.
 - Place one tablet *under the tongue*.
- **NO ABBREVIATIONS**
- **Use familiar words**
 - Teaspoonful or 10 ml

Take:oral
 Instill:nose,ear,eye
 Inhale:بخاخ
 Insert:suppository
 Apply:skin

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Auxiliary Labels

- The auxiliary labels: arranged on the other side of the container, these labels are ^{تحذيرية}cautionary or advisory depending on the type of dosage form.
- Needed to provide supplementary information regarding proper and safe administration, use, or storage of the formulation
- *'keep out of reach of children " for oral use "'for external use "'not to be taken orally "'flammable "'not to be swallowed "'shake the bottle before use*

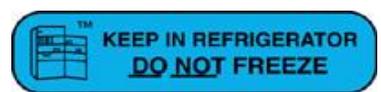
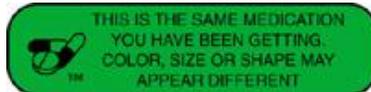
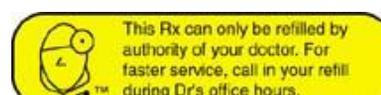
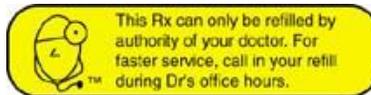
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Auxiliary Labels

Provide additional information to the patient and applied to the prescription container



تحذيرية

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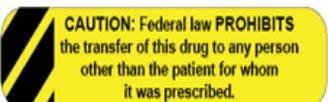
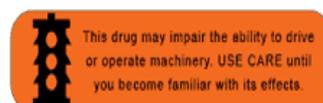
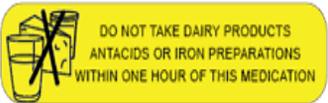
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| Type of preparation | Color of print | container | Auxiliary labels |
|---|----------------|---|---|
| Oral solutions(ORS,Elixir,syrups) | Black | Plain bottle(glass, plastic) | For oral use |
| Ear drops | Red | Fluted hexagonal glass dropper bottle or plastic squeeze bottle | Not to be taken orally, for ear use only |
| Eye drops | black | Fluted hexagonal glass dropper bottle or plastic squeeze bottle | Not to be taken orally, for eye use only, sterile till open |
| Nasal drops | black | Fluted hexagonal glass dropper bottle or plastic squeeze bottle | Not to be taken orally, for nasal use only |
| External solutions(antiseptic, ions) | red | Fluted bottle (glass, plastic) | For external use only ^{2/23/2022} |

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Some Auxiliary Labels



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Prescriptions

Prescriptions are a written order from a practitioner for the preparation and administration of a medicine or a device.

- **Community Pharmacists**
 - Dispense directly to the patient. اعطاء الدواء
 - The patient is expected to administer the medication according to the pharmacist direction.
- **Institutional Pharmacy**
 - Nursing staff generally get the medications mostly from the pharmacists and administers to patients.



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The Prescription Process

The pharmacy technician prepares the filled prescription for the pharmacist to check.

- **THE PHARMACIST CHECKS** the prescription(s) and may initial it.

Pharmacists provide counseling.

طريقة اعطاء الدواء



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Pharmacy Abbreviations

Most common abbreviations:

- Route
- Form
- Time
- Measurement

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Dosage: جرعة***Route of Administration Abbreviations***

ad = right ear
 as., al = left ear
 au = each ear

od = right eye
 os = left eye
 ou = each eye
 po = by mouth
 sl = sublingually

IM - intramuscular
 IV = intravenous

SC: subcutaneous

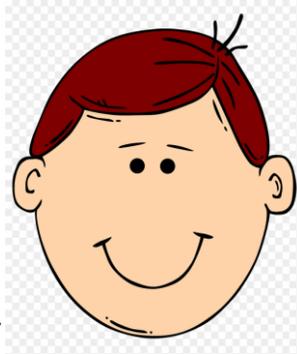


Figure 1: Sublingual drug delivery [12]



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Time of Administration Abbreviations

ac = before meals

pc = after meals

hs = at bedtime

qd = every day

prn = as needed

qid = four times a day

tid = three times a day

bid = two times a day



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Dosage Form Abbreviations

elix = elixir أحد أنواع الشراب

supp = suppository

ung = ointment

tab = tablet

cap = capsule

SR, XR, XL = slow/extended release

sol = solution

susp = suspension معلق



NDC 0078-0446-05

Voltaren®-XR 100mg
(diclofenac sodium extended-release) tablets, USP

100 tablets Rx only

PHARMACIST: Dispense with Medication Guide attached or provided separately.

NOVARTIS

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Measurement Abbreviations

i, ii = one, two

gtt = drop

gm للنظام المتري (وزن) = gram

gr نظام مش متري (وزن) = grain

l = liter

mcg = microgram

mg = milligram

meq = milliequivalent

ml = milliliter

qs = a sufficient quantity

Rx نفس ال disp = dispense



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Others Abbreviations

Stat = now

NR = no refill

UD = as directed

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Examples

| Drug | Rx | Label Directions |
|----------------------------|--------------------------|---|
| Diovan® 80 mg tablet | i po qd | Take one tablet by mouth once daily |
| Cephalexin 250 mg capsules | ii stat, i po QID x 10 d | Take two capsules by mouth now, then take one capsule four times daily for ten days |
| Alphagan-P® 0.1% eye drops | i q 8h ou | Instill one drop into each eye every 8 hours |
| Strettera® 25 mg capsules | i q a.m | Take one capsule by mouth every morning |
| Enbrel® 50 mg SC injection | i q week | Inject the contents of one syringe, subcutaneously, once weekly |

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Rasul Pinter, M.D.
123 Main Street
Wellsville, PA 00000
Telephone: 888-555-1234
DEA Number: AB1234567
NPI: 1234567893

Date: 10/21/09

NAME: Tom Jones

ADDRESS: 49 Ivy Street, Wellsville, PA

Rx: Actos 30mg
Sig: T po q d
#30

REFILL: II

DISPENSE AS WRITTEN

PRESCRIBER'S SIGNATURE: R. Pinter

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Elements Of The Prescription Information

لقب

- **Prescriber information** - Name, title, office address, and telephone number.
- **Date:** The date the prescription is written.
- **Inscription:** Name (brand or generic), strength of medication and quantity.
- **Name and address of patient**
- **Signa:** Sig or S and indicate the directions for use and the administration route (e.g., p.o., p.r., sc).
- **Refill instructions**

Brand: originator

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Elements Of The Prescription Information

- **DAW/PSC:** Dispense As Written/Product Select Code—generic substitution instructions (optional).
- **Signature of prescriber:** Required on written prescriptions.
- **National Provider Identifier (NPI):** Prescriber's unique national identification number.
- **Drug Enforcement Agency (DEA) registration number of prescriber:** Required for all controlled substances).

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Caution!

- **Are the fill instructions clear and reasonable?**
 - Is it q.i.d. or q.d; 4 ml or .4 ml.
- **Are the administration directions clear?**
 - Are these the same: هاي غلط "take two tablets daily" vs. "Take one tablet twice daily" vs. "Take two tablets once daily."
- **Are there look-alike names?**
 - Is it Metadate® 10 mg or Methadone 10 mg; Lamictal® or Lamisil®?

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Caution!

- **Don't add information!**
 - Never add information based on what you assume the prescriber meant. The prescriber has knowledge of the patient's condition that you don't.
- **Check against the original!**
 - During the fill process, always refer to the original prescription first and then refer to the label.

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Labels

R PHARMACY #00000
1000 MAIN STREET
WELLSVILLE, PA 00000

212/555-5555

DATE FILLED 10/23/09

THOMAS JONES

TAKE 1 TABLET BY MOUTH
ONCE DAILY

ACTOS 30MG TAB TAKEDA

DISCARD AFTER: 03/31/2012

DR. R. PINTAR
MAY REFILL 11 TIMES BEFORE 10/21/10

CAUTION: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed.

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Prescription Label Examples

Alice Chan, M.D.
 123 Main Street
 Wellsville, PA 00000
 Telephone: 000-999-1234
 DEA number AB1234567
 NPI 123456789

Date June 12, 2010

NAME Jane Smith

ADDRESS 102 Ivy Street, Wellsville, PA

Rx
 Keflex 500 mg
 Sigi + cap po QID x 10d
 #40

REFILL 0

DISPENSE AS WRITTEN © Alice Chan
 PRESCRIBER'S SIGNATURE

The information on this controlled substance prescription must be provided to the pharmacist before use of this form is allowed. A violation of this rule is considered a criminal offense.

R PHARMACY # 00000 212 555-5555
 1000 MAIN STREET DEL
 WELLSVILLE, PA 00000

6654532 DATE FILLED 06/17/10
 SMITH, JANE

**TAKE 1 CAPSULE BY MOUTH
 FOUR TIMES DAILY FOR 10 DAYS**

40 CEPHALEXIN 500MG CAPSULES

MFG: RANBAXY
 DISCARD AFTER: 10/31/2011
 DR. ALICE CHAN

REFILL 0

Information on this controlled substance prescription must be provided to the pharmacist before use of this form is allowed. A violation of this rule is considered a criminal offense.

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Prescription Label Examples

Alice Chan, M.D.
 123 Main Street
 Wellsville, PA 00000
 Telephone: 000-999-1234
 DEA number AB1234567
 NPI 123456789

Date May 22, 2010

NAME Donna H. Doe

ADDRESS 102 Maple Street, Wellsville, PA

Rx
 Neurontin 300mg
 Sigi + cap po TID
 #90

REFILL 2

DISPENSE AS WRITTEN © Alice Chan
 PRESCRIBER'S SIGNATURE

The information on this controlled substance prescription must be provided to the pharmacist before use of this form is allowed. A violation of this rule is considered a criminal offense.

R PHARMACY # 00000 212 555-5555
 1000 MAIN STREET DEL
 WELLSVILLE, PA 00000

6654532 DATE FILLED 05/28/10
 DONNA H. DOE

**TAKE 1 CAPSULE BY MOUTH
 THREE TIMES DAILY**

90 NEURONTIN 300MG CAPSULES

MFG: PARKE-DAVIS
 DISCARD AFTER: 12/31/2011
 DR. ALICE CHAN

MAY REFILL 2 TIMES BEFORE 05/28/2011

Information on this controlled substance prescription must be provided to the pharmacist before use of this form is allowed. A violation of this rule is considered a criminal offense.

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| <p style="text-align: center;">UNC School of Pharmacy Chapel Hill, NC 27511 962-0057</p> <hr/> <p>Rx #123456 Dr.Upendown Luce Morals 9/1/00 Take one teaspoonful every eight hours. Amoxicillin suspension 250 mg/5ml (150 ml) No refill; expires 9/15/00 Dispensed by Y. Ourname, R.Ph.</p> | <p>Amoxicillin is an antibiotic and thus requires that the patient be instructed to complete the full course of therapy. It is also a suspension, and thus should be well shaken before administration. Finally, since it has poor chemical stability and a limited shelf-life, it should be kept refrigerated and any unused portion discarded after 14 days. (Attach Finish All...)</p> |
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| <p style="text-align: center;">UNC School of Pharmacy Chapel Hill, NC 27511 962-0057</p> <hr/> <p>Rx #123456 Dr.Upendown Mel Batost 9/1/00 Insert one suppository rectally every six hours for nausea and vomiting. Phenergan 25 mg/supp. (#10) No refill; expires 9/31/00 Dispensed by Y. Ourname, R.Ph.</p> | <p>Auxiliary labels are used here to instruct the patient on proper medication storage and route of administration. Additionally, the patient should be verbally instructed to warm the suppository in his hand and remove the foil from the suppository prior to insertion. (Attach Rectal..., Drowsiness, Do Not Freeze)</p> |
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